



Los Angeles County
Department of Mental Health
Treatment Authorization Request
Specific Antipsychotics: Switch within 21 days

FAX to: Pharmacy Services, (213) 637-2550

(Prescription of a second medication from the following group occurs within 21 days of entry of a previous medication from the group:
aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone)

I request that the exclusionary Prescription Authorization and Tracking System (PATS) edit involving the following two medications be overridden for this DMH Client.

Patient Information:

Name:	MIS #:	Date Requested:
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Medication Request:

Requested Atypical:	Current Atypical:
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I hereby state that all of the following conditions pertain and that the documented reasons for these conditions are accurate.

Condition 1: There is no alternative source of reimbursement, including insurance, Medi-Cal, or self pay.

Reason:
Plan to address, or reason it cannot be addressed:

Condition 2: There is no source from which to secure appropriate sample medication or vouchers.

Reason:
Plan to address, or reason it cannot be addressed:

Condition 3: There has been an unfavorable response to the current specified medication that requires an immediate change to a different medication, rather than dose adjustment.

Reason:
Plan to address, or reason it cannot be addressed:

Condition 4: There is a reasonable basis for the belief that prescribing an alternative psycho-pharmacologic therapy using other antipsychotic medications that are not in the specified group will cause unacceptable care disruption.

Reason:
Plan to address, or reason it cannot be addressed:

Prescriber Information:

Name (printed):	Signature:
Supervising Psychiatrist Signature:	
DMH Site/ Clinic Name:	Phone Number: Fax Number:

Shaded Area for DMH Pharmacy Service Use Only

Department of Mental Health Action		
Decision: (Pharmacy Dir., Supv. Psych., Medical Dir., or designee)		Date:
<input type="checkbox"/> Accept <input type="checkbox"/> Deny	Reason:	
Reference Number:	Duration (months):	Drug Code:
Department of Mental Health, Pharmacy Unit, 550 S. Vermont Ave., Room 903, Los Angeles, CA 90020; Telephone (213) 738-4725. This Facsimile and any attached documents are confidential and are intended for the use of individual or entity to which it is addressed. If you received this in error, please notify us by telephone immediately.		